

FILED - USDC -NH
27 JUL 15 PM 2:46

United States District Court
District of New Hampshire

[REDACTED]

v.

Civil No. _____

Commissioner of the
Department of Corrections, et al.

Civil Rights Complaint
pursuant to 42 U.S.C.S. § 1983.

I. Parties

1. Plaintiff, [REDACTED], Northern Country Facility, 138
East Milan Road, Berlin, New Hampshire 03570.

2. Defendant, Commissioner, Helen Hawks, New Hampshire Department of
Corrections, 112 Pleasant Street / P.O. Box 1806 Concord, New Hampshire
03301, et al

3. Defendant, Captain Jon Masse, New Hampshire Department of Corrections,
281 N. State Street, Concord, New Hampshire 03301.

II Jurisdiction

4. Jurisdiction is conferred upon this court pursuant to U.S.C.S. § 1331 And § 1367 And the United States Federal Courts.

III Statement of the claim

5. The Defendants, Commissioner Helen Thinks, et al And Captain Jon Masse Did Deprive plaintiff of his civil rights protected by the 8th Amendment when they knowingly And intentionally Allowed And/or caused to be allowed the Assault upon the plaintiff [REDACTED]'s person.

IV Statement of Facts of claim

6. Defendants, Commissioner Helen Thinks et al And Captain Jon Masse. Displayed Deliberate Indifference, Gross Negligence And egregious Failure to Act And protect And As A Result, this Failure And Conduct caused the Assault upon the person of [REDACTED], the plaintiff in this matter which Resulted in Serious Physical And Mental Injuries.

7. The facts and circumstances that gave rise, in part to the violations, deprivations and assault are as follows:

A. plaintiff, [REDACTED], prior to being assaulted, alerted prison officials to a hostile and assaultive environment and atmosphere in the [REDACTED] unit where he was housed.

please see, plaintiff's original handwritten copy (Draft) of the letter¹ that he wrote to prison Director of Classification Department Sarah Provencio Dated 1/6/2018 Attached herein.

Mrs. Provencio responded to this letter is the "Estimates Request Slip" Dated 2/9/18 stating the following:

[REDACTED], I understand your concerns you have for [REDACTED]². We will meet w/him to classify him and talk to him about housing³.

I am not sure if you have reached out to the warden in regards to your concerns in [REDACTED]⁴.

IF not it may be a good idea to write to him.

Thank you.

please see, Mrs. Provencio At Request Slip Dated 2/9/18, Attached herein.

1. letter meets the Deliberate Indifference standard.

2. My [REDACTED] for this letter and issue is [REDACTED]

3. [REDACTED] was transferred to a different facility upstate at NCF Berlin.

B. Subsequently, in the month of [REDACTED] 2018 [REDACTED] was incarcerated at the New Hampshire State prison in Concord where he was placed in the [REDACTED] [REDACTED] where plaintiff was already housed.⁴

C. After approximately 12 days [REDACTED] was promptly taken away away from the [REDACTED] and secured in the protective custody unit.⁵

D. It was shortly after [REDACTED] move to protective custody that during the early evening hours of [REDACTED], 2018 plaintiff was brutally assaulted by two Gang members:

1. [REDACTED]

2. [REDACTED]

4. [REDACTED] are not allowed to reside in the same unit - this is against prison policy.

5. The reasoning for [REDACTED] prompt move to secure and protective custody was learned by this writer subsequent to the assault and further proves deliberate indifference in this case. This information, details and facts will be included in a supplemental (narrative) to this complaint, after further investigation, and at trial.

Harm Resulting From Assault

plaintiff suffered and continues to suffer life long injuries, physical, mental, and emotional as result of the deliberate indifference, gross negligence, and egregious failure to act and protect by Commissioner Heleschewsky, et al and Captain Jon Masse and at the hands of inmates [REDACTED] and [REDACTED], including, but not limited to:

1. A Broken Neck
2. A Severe Concussion
3. Abrasions about the head and body, black eyes, bruising.
4. Post Traumatic stress syndrome Disorder PTSD with nightmares and flashbacks of the incident and assault which also exacerbated plaintiff's previously diagnosed psychiatric illnesses, including his; PTSD; Schizophrenic Disorder, and his Dissociative Disorder causing much anxiety one year of fear, panic and severe depression as well, inter-alia plaintiff continues to be affected with chronic neck & lower back, mobility issues, fear, anxiety, panic, depression, and more as a direct result of this vicious and violent assault upon his person.

Please see, Catholic medical center (CMC) Reports, attached herein. enph at Pg 6 of 8.

Please note: plaintiff will release specific psychiatric Record upon Request.

Relief Requested

plaintiff Requests monetary Damages (Compensatory) for pain & suffering in the amount of \$1,900,000.00 (Nine hundred thousand dollars)

plaintiff Request punitive Damages of \$1,900,000.00 (Nine hundred thousand dollars). plaintiff Request All medical Bills be covered for Life.

I, [REDACTED] Declare under penalty of perjury that the foregoing
Information is true and correct to the best of my knowledge and belief.

July 11, 2021
Date

[REDACTED]
Signature

Jury Trial Demand

I demand a Jury Trial for all claims for which a Jury Trial
is Allowed.

yes ✓

Date July 11, 2021

Signature of Plaintiff [REDACTED]

TO: CLASSIFICATION'S Department

Mrs. provelchen, Director/Supervisor

Page 2 over →

I Am please Requesting that your office And department NOT CLASSIFY [REDACTED] to the [REDACTED]

[REDACTED] recently overexposed on opioids while under the control And Custody of the N.H. State prison / Department of Corrections / Half way house, work Release program.

This unit, The [REDACTED] where i am presently housed, is Today And has long been Infested, INundated And Flooded with easy access to synthetic ^{primarily, but not limited to} opoids, (SOBORN) And more recently synthetic Marijuana (K2 chemicals).

Also, this unit has NO control, none over the long term, continuous And frequent Assaults And Assaultive behaviors.

During my most unfortunate stay in this unit, over the past several years I have witnessed And seen DOZENS And DOZENS OF Black Eyes AS WELL AS vicious Attacks And Assaults that continue ^{to date} unabated. This, i assert is not simply to be "expected" in such a setting, it is not simply A "normal prison experience" OR A prison "fact of life". ^{to the contrary} The truth, the facts, And the History of the Drugs And the Assaults is [REDACTED] Go well outside

the Heartland of Normalcy And should be ^{look at closely} Scrutinized by Independent Investigators to arrest it. (See RSA Code/Law for Assault by prisoners)

^{The legislature at this law is the place for a very good case it should be and must be enforced and a zero assault by prison to be applied.}
This unit Does not appropriately Address the continuous Assaults that are A clear violation of ^{prison and} Criminal laws, easy ^{at change} changeable officers as well as Inmates. the inmates that are assaulted are but moved from one part, to another, within this same unit.

Over →

This is paramount to carrying up the assaults of this Unit.

Based on these proven facts I am please Requesting that you do not place [REDACTED] in harms way and do not put his safety and well being at risk by placing him anywhere near the [REDACTED].

[REDACTED] has a serious, unhealthy opioid addiction. I do not want him subject to uncontrolled availability and access to drugs ^{not} to the possibility and high rate of propensity to be a victim of assault is due [REDACTED]. Thank you.

CC: Orr & Reno, P.A.

William E. Wilson, Jr Esquire

Compassion Plus Thanks

Hold: Daniel Lynch, Clerk
US Federal Court DNH
Melissa Johnston, Magistrate
Chief Justice Holbrook

Representative Delmonico DNH
Representative Wachs R-NH

INMATE REQUEST SLIP

Submit this request to the Unit Supervisor, Security Lieutenant, or CC/CM. Your Unit Supervisor, Security Lieutenant, or CC/CM will help you resolve the issue or it will be forwarded to the appropriate person. Unit Supervisor, Security Lieutenant, or CC/CM will be forwarded to you.

TO: Unit Supervisor, Security Lieutenant, CC/CM

DATE: 1-6-18

FROM:

ID #:

NHSP - Cuscard

Facility

Housing Unit

Cell

Work/Shift

INMATE REQUEST: Dear Classification Director, Mrs. Provachon.

I have attached a copy of a 2 page letter
in a sealed confidential envelope for your review
and consideration.
Please acknowledge receipt. Thank you.

(If you need more space, use plain paper.)

Inmate Signature

TO: Classification Dept. / Mrs. Provachon Director

DATE: 1-6-18

FROM: Unit Supervisor, Security Lieutenant or CC/CM

REMARKS:

Staff Signature

FROM:

Staff Member Name/Office

DATE: 2/9/18

REMARKS:

I understand the concerns you
have for [redacted] who will meet w/ him to classify
him and talk w/ him about housing.
I am not sure if you have reached out to the warden
in regards to your concerns in [redacted] If not it may be
a good idea to write to him. Thank you.

Staff Signature

Received By

Inmate Signature

INSTRUCTIONS

This form will be used by inmates of the New Hampshire Department of Corrections Facilities in Concord, Lakes Region, Goffstown, Berlin and Community Corrections Centers to communicate requests/issues to members of the Department of Corrections staff. Inmates serving sentences at other than New Hampshire State Prison Facilities may use stationery rather than inmate request slips.

The Yellow and White copies will be returned to you with a response. You must acknowledge receiving this response by signing the White original, which will then be returned to Offender Records for storage in archives for 3 years, after which it will be destroyed.

The Yellow copy is YOUR copy. Please keep this for your records. This is your receipt of the request.

Distribution of copies of this form: Give ALL copies to the Unit Supervisor, Security Lieutenant, or CC/CM.

ADDRESS YOUR REQUEST AS FOLLOWS

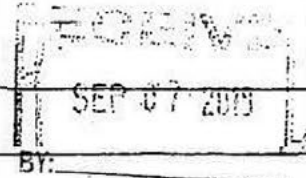
Give all requests to your Unit Supervisor, Security Lieutenant, or CC/CM for prompt attention.

Strictly Confidential Requests may be placed in a sealed envelope and addressed to the appropriate staff member or Office (Commissioner, Warden, Bureau Administration, Investigations). If it is determined that your request could have been handled by a different party, it will be returned to your Unit Supervisor, Security Lieutenant, or CC/CM.

IMPORTANT

DO NOT send requests written on other forms/paper. You **MUST USE THIS FORM** when communicating with staff. Other written forms will be returned unanswered.

Catholic Medical Center
Medical Records / Diagnostic Imaging
100 McGregor Street
Manchester, N.H. 03102



428112

September 4, 2015

To: [REDACTED]
[REDACTED]
[REDACTED]

Request for written Reports of medical
history.

Dear medical Records Department staff,

I was at the
Catholic Medical Center twice in 2018 once for a
infection and the second time more recently on
[REDACTED] 2018 for a MRI for a concussion diagnosis.

could you please forward me the hard copies / written
copies (Reports) of the results of both matters, especially
the results of the MRI of neck ^{area} results.

I have enclosed a signed, dated and notarized medical release
of information form to allow for release to me via U.S. mail
of these requested written medical records.

Thank you very much.

Please send to:

P.O. Box 14

Concord, New Hampshire 03301

PERMISSION FOR RELEASE OF INFORMATION

TO : Catholic Medical Center
Department of Diagnostic Imaging
100 McGregor Street
Manchester, New Hampshire 03102

NAME OF INDIVIDUAL: [REDACTED]

DATE OF BIRTH: [REDACTED]

SOCIAL SECURITY NO.: [REDACTED]

I hereby give my permission for the release of the following written and/or ~~oral~~ information to [REDACTED] of [REDACTED]
P.O. Box 14 VIA by US Mail
CONCORD, New Hampshire 03301

Any and all records pertaining to my medical or mental treatment or condition from [REDACTED] 2012 to [REDACTED] 2018, specifically:

Please forward me the written results of a Infection I had in 2012;
 And please forward me the complete results of the "MRI" done at
 Catholic Medical on head and especially * Neck on [REDACTED] 2018.
 *Written form please Thank you.

This release expires twelve (12) months from this date signed below unless earlier revoked.

[REDACTED] 9-4-18
8/1/2018
 Date

[REDACTED]
 Signature

Date

Signature

State of New Hampshire

County of Merrimack,
4th day of September, 2018.

Subscribed and sworn, before me this

Paul J. Roberts
 Notary of the Public

CATHOLIC MEDICAL CENTER EMERGENCY ROOM

DOB: [REDACTED]
Wt/Ht: 104.3 Kg (est.) 170.18 cm.
MedRec: [REDACTED]
AcctNum: [REDACTED]

Patient Data

Complaint: Assault
Triage Time: Fri [REDACTED] 2018 12:18
Urgency: ESI Level 3
Bed: ED ED
Initial Vital Signs: [REDACTED] 2018 12:15
BP: 145/85 (Machine)
P: 64
O2 sat: 98 on Room Air

ED Attending: Miller, PAC, Robin
Primary RN: Anderson, RN, Jennifer

R: 16
T: 98.4 (Oral)
Pain: 7

KNOWN ALLERGIES

No Known Allergy

PRESENTING PROBLEM (Fri [REDACTED] 2018 12:18 CC2)

Presenting problems: Headache, Eye Problem, Eye Injury, Head Injury (minor) with LOC.

CALL IN

CALL IN: Call In: Fri [REDACTED] 2018 12:07. (Fri [REDACTED] 2018 12:07 BB6)

NOTES: Notes: Pt was assaulted Wednesday, struck with fists. Unknown LOC with nausea, dizziness, and now blurry vision. Pain to left neck. Difficulty opening mouth. (Fri [REDACTED] 2018 12:18 CC2)

TRIAGE (Fri [REDACTED] 2018 12:34 SJJ)

CONSENT: Patient consents to family/friend being present during triage,

Notes: 2 prison guards. (Fri [REDACTED] 2018 12:34 SJJ)

SECURITY/SAFETY SCREENING: Notes: None. (Fri [REDACTED] 2018 12:34 SJJ)

EBOLA RISK SCREENING: Patient has not traveled outside of US in past month. (Fri [REDACTED] 2018 12:34 SJJ)

PATIENT: NAME: [REDACTED] AGE: [REDACTED] GENDER: male, DOB: [REDACTED]
TIME OF CALL IN: Fri [REDACTED] 2018 12:07 by Brigid Bifsha, RN,
PREFERRED LANGUAGE: English, ISOLATION: *NONE, LATEX ALLERGY:
NO, EXTERNAL DEVICE: N/A, SECURITY/SAFETY: Patient states does not
have weapon, ANY FLU SYMPTOMS: NO. (Fri [REDACTED] 2018 12:18 CC2)

HEIGHT/LENGTH: 170.18cm. (Fri [REDACTED] 2018 12:34 SJJ)

KG WEIGHT: 104.3 (est.), BMI: 36.01. (Fri [REDACTED] 2018 12:47 RM4)

ADMISSION: URGENCY: ESI Level 3, ADMISSION SOURCE: Jail,
TRANSPORT: Ambulatory, DEPT: Emergency, BED: EDWAIT. (Fri [REDACTED] 2018 12:18 CC2)

VITAL SIGNS: BP 145/85, (Machine), Pulse 64, Resp 16, Temp 98.4,
(Oral), Pain 7, O2 Sat 98, on Room Air, Time [REDACTED] 2018 12:15. (Fri [REDACTED] 2018 12:15 CC2)

COMPLAINT: Assault. (Fri [REDACTED] 2018 12:18 CC2)

TREATMENTS IN PROGRESS: Notes: None. (Fri [REDACTED] 2018 12:34 SJJ)

PAIN: Patient complains of pain described as, on a scale 0-10 patient rates pain as 7, Location Left eye, left side of face, Pain is constant, Onset was [REDACTED] 2018 12:31. (Fri [REDACTED] 2018 12:34 SJJ)

ASSESSMENT: Assessment: Pt states he was assaulted by 3 men at the prison on Wednesday. He states he was punched multiple times in the face. He reports positive LOC. He did not receive medical attention at the prison and is coming in today because he has been having nausea, fatigue, sleepiness, feeling "off", and increased pain to the left eye and left side of his head. The skin around the left eye is ecchymotic and very swollen. He reports double vision to the left eye. He denies any Neck pain. He does not appear in any acute distress.,

CATHOLIC MEDICAL CENTER EMERGENCY ROOM

DOB: [REDACTED]
Wt/Ht: 104.3 Kg (est.) 170.18 cm.
MedRec: [REDACTED]
AcctNum: [REDACTED]

Symptoms began [REDACTED] 18. (Fri [REDACTED] 2018 12:34 SJJ)

FALL RISK: Patient has had no recent fall(s). (Fri [REDACTED] 2018 12:34 SJJ)

PREVIOUS VISIT ALLERGIES: No Known Allergy. (Fri [REDACTED] 2018 12:34 SJJ)

ORDER ATTESTATION (Fri [REDACTED] 2018 14:23 RM4)

ORDER ATTESTATION: I agree with and approve the nursing order protocols initiated on the patient during this visit., I have reviewed and approve the verbal orders as documented for this encounter.

VITAL SIGNS (Fri [REDACTED] 2018 12:15 CC2)

VITAL SIGNS: BP: 145/85 (Machine), Pulse: 64, Resp: 16, Temp: 98.4 (Oral), Pain: 7, O2 sat: 98 on Room Air, Time: [REDACTED] 2018 12:15.

PROBLEM LIST

Only confirmed problems are displayed:

Problem Name	Status	Date Diagnosed	Date Resolved	Confirm Status
Concussion without loss of consciousness, initial encounter	Active	Fri [REDACTED] 2018		Confirmed
Epididymo-Orchitis	Active	Fri May 25, 2018		Confirmed
Sprain of ligaments of cervical spine, initial encounter	Active	Fri [REDACTED] 2018		Confirmed

HPI TRAUMA (Fri [REDACTED] 2018 12:55 RM4)

CHIEF COMPLAINT: Patient presents for evaluation of trauma.

HISTORIAN: History provided by patient.

MECHANISM OF INJURY: Known mechanism, Mechanism of injury: Blunt trauma, by physical assault.

LOCATION: Symptoms are localized, most severe to headache, neck pain, left eye pain, vomiting.

QUALITY: Pain is dull in nature, described as aching.

TIME COURSE: Sudden onset of symptoms, Date and time of onset was Wednesday, There has been no change in the patient's symptoms over time, are constant.

ASSOCIATED WITH: Associated with neck pain, No associated chest pain, associated abdominal pain, associated loss of consciousness.

EXACERBATED BY: Patient's condition exacerbated by nothing.

RELIEVED BY: Patient's condition relieved by nothing because patient has not tried anything for relief.

PAST MEDICAL HISTORY

MILITARY STATUS: Patient or family member has never served in the military. (Fri [REDACTED] 2018 12:34 SJJ)

MEDICAL HISTORY: No past medical history, Flu vaccine up to date, Date of immunization: 2017, Tetanus immunization up to date, Pneumococcal vaccine not up to date. (Fri [REDACTED] 2018 12:34 SJJ)

SURGICAL HISTORY: Patient has had no previous surgical history. (Fri [REDACTED] 2018 12:34 SJJ)

PSYCHIATRIC HISTORY: Psychiatric history includes, anxiety, depression, History of bipolar, History of psychosis, PTSD. (Fri [REDACTED] 2018 12:34 SJJ)

SOCIAL HISTORY: Denies alcohol abuse, Denies tobacco abuse, Denies drug abuse, Currently incarcerated at State Prison in Concord. (Fri [REDACTED] 2018 12:34 SJJ)

FAMILY HISTORY: Family history includes psychiatric disease. (Fri [REDACTED] 2018 12:34 SJJ)

CATHOLIC MEDICAL CENTER EMERGENCY ROOM

DOB: [REDACTED]
Wt/Ht: 104.3 Kg (est.) 170.18 cm.
MedRec: [REDACTED]
AcctNum: [REDACTED]

[REDACTED] 2018 12:34 SJJ)

NOTES: Nursing records reviewed, Medication list reviewed. (Fri [REDACTED] 2018 12:56 RM4)

[REDACTED] 2018 12:56 RM4)

ROS (Fri [REDACTED] 2018 12:56 RM4)

CARDIOVASCULAR: Historian denies chest pain.

GI: Historian denies abdominal pain.

MUSCULOSKELETAL: Historian denies back pain, fall. Historian reports injury, neck pain.

NOTES: All other systems reviewed and are found to be negative.

PHYSICAL EXAM

CONSTITUTIONAL: Vital signs reviewed, Patient afebrile, Pulse normal, Blood pressure normal, Respiratory rate normal, Patient appears non toxic, Patient alert and oriented to person, place and time. (Fri [REDACTED] 2018 12:56 RM4)

HEAD: Head exam included findings of head atraumatic, normocephalic. (Fri [REDACTED] 2018 12:56 RM4)

EYES: Eye exam included findings of eyelids normal to inspection, Pupils equally round and reactive to light, Extraocular muscles intact, Conjunctiva normal, Sclera normal, Periorbital ecchymosis present, to the left eye. (Fri [REDACTED] 2018 12:56 RM4)

ENT: Ear exam normal, external ear normal, tympanic membranes normal, no foreign body, no drainage, no bleeding, Nose exam normal, no nasal deformity, no bleeding from nares, Pharynx exam normal, Uvula exam normal, Tonsil exam normal, Mouth exam normal, mucous membranes moist, no drooling. (Fri [REDACTED] 2018 12:56 RM4)

NECK: Neck exam included findings of normal range of motion, Trachea midline, no meningeal signs, no tenderness. (Fri [REDACTED] 2018 12:56 RM4)

RESPIRATORY CHEST: Respiratory exam included findings of no respiratory distress, Breath sounds clear, Chest exam included findings of chest movement symmetrical, Chest expansion equal, no tenderness, no crepitus. (Fri [REDACTED] 2018 12:56 RM4)

CARDIOVASCULAR: Cardiovascular exam included findings of heart rate regular rate and rhythm, Heart sounds normal. (Fri [REDACTED] 2018 12:56 RM4)

ABDOMEN MALE: Abdominal exam included findings of abdomen nontender, no peritoneal signs, no rigidity, no guarding, no rebound. (Fri [REDACTED] 2018 12:57 RM4)

BACK: Back exam included findings of normal inspection, range of motion normal. (Fri [REDACTED] 2018 12:56 RM4)

UPPER EXTREMITY: Upper extremity exam included findings of inspection normal, Range of motion normal, Motor strength normal, Radial pulse normal, no edema. (Fri [REDACTED] 2018 12:56 RM4)

LOWER EXTREMITY: Lower extremity exam included findings of inspection normal, Range of motion normal, Motor strength normal, no edema. (Fri [REDACTED] 2018 12:56 RM4)

NEURO: Glasgow coma scale 15, Neuro exam findings include patient oriented to person, place and time, Speech normal, Memory normal, no focal motor deficits. (Fri [REDACTED] 2018 12:56 RM4)

SKIN: Skin exam included findings of skin warm, dry, and normal in color, no rash. (Fri [REDACTED] 2018 12:56 RM4)

PSYCHIATRIC: Psychiatric exam included findings of patient oriented to person place and time, Normal affect. (Fri [REDACTED] 2018 12:56 RM4)

CATHOLIC MEDICAL CENTER EMERGENCY ROOM

DOB: [REDACTED]
Wt/Ht: 104.3 Kg (est.) 170.18 cm.
MedRec: [REDACTED]
AcctNum: [REDACTED]

DIAGNOSIS (Fri [REDACTED] 2018 14:00 RM4)

FINAL: PRIMARY: Concussion without loss of consciousness, initial encounter, **ADDITIONAL:** Sprain of ligaments of cervical spine, initial encounter.

CURRENT MEDICATIONS (Fri [REDACTED] 2018 12:34 SJJ)

Reviewed Previous/ALL Visits

Zantac:

Patient Dose: 150 mg PO (by mouth) PRN.

SEROquel:

Patient Dose: 25 mg PO (by mouth) At bedtime.

Prazosin Hydrochloride:

Patient Dose: 1 mg PO (by mouth) At bedtime.

MEDICATION RECONCILIATION (Fri [REDACTED] 2018 13:56 RM4)

Prazosin Hydrochloride – Continue as Prescribed: Patient had been taking: 1 mg PO (by mouth) At bedtime. .

Reviewed Previous/ALL Visits – Continue as Prescribed: (No Reconciliation Information).

SEROquel – Continue as Prescribed: Patient had been taking: 25 mg PO (by mouth) At bedtime. .

Zantac – Continue as Prescribed: Patient had been taking: 150 mg PO (by mouth) PRN. .

PRESCRIPTION

No recorded prescriptions

RESULTS

RADIOLOGY: CT Brain Observe DT: Fri [REDACTED] 2018 13:18,
CT Brain CATHOLIC MEDICAL CENTER
DEPARTMENT OF DIAGNOSTIC IMAGING

Pt Name: [REDACTED] Acct No: [REDACTED]
Date: [REDACTED] 2018 DOB: [REDACTED]
Location: Emergency Department
Ord Phys: Miller, Robin PAC
MR No: [REDACTED]
Report Status: Final

CT18-13836 Exam: CT Brain
CT SCAN OF THE BRAIN
INDICATION: vomiting, headache, head injury.
COMPARISON: None.
TECHNIQUE: The study was performed without intravenous contrast. Multiplanar reformatting was performed. Automated exposure control, adjustment of the mA and/or kV according to patient size, and use of iterative reconstruction technique was utilized.
FINDINGS:
Intracranial hemorrhage: None.
Cerebral and cerebellar parenchyma: Within normal limits for age.
There is no evidence for an acute territorial infarction, focal mass

CATHOLIC MEDICAL CENTER EMERGENCY ROOM

DOB: [REDACTED]
Wt/Ht: 104.3 Kg (est.) 170.18 cm.
MedRec: [REDACTED]
AcctNum: [REDACTED]

lesion, or shift of the midline structures.
Ventricles and extra-axial CSF spaces: Within normal limits for age and without hydrocephalus.
Midline structures (cerebellar tonsils, vermis, corpus callosum, and pituitary): Within normal limits.
Paranasal sinuses and mastoid air cells: Clear.
Visualized orbits: Normal.
Soft tissues: Normal.
Skull base and calvarium: Intact.
IMPRESSION:
No acute intracranial process.
This report electronically signed by:
David S Gerson MD
Date: [REDACTED] 2018 1:20 PM
CC: Fetter, Jeffrey MD
Dictated: [REDACTED] 2018 Posted: [REDACTED] 18 13:23:19 (Fri [REDACTED] 2018 13:24

RM4)

CT Maxillofacial Observe DT: Fri [REDACTED] 2018 13:22,
CT Maxillofacial CATHOLIC MEDICAL CENTER
DEPARTMENT OF DIAGNOSTIC IMAGING

Pt Name: [REDACTED] Acct No: [REDACTED]
Date: [REDACTED] 2018 DOB: [REDACTED]
Location: Emergency Department
Ord Phys: Miller, Robin PAC
MR No: [REDACTED]
Report Status: Final

CT18-13837 Exam: CT Maxillofacial
CT SCAN OF THE FACE
INDICATION: alleged assault, pain, left eye pain.
COMPARISON: None.
TECHNIQUE: The study was performed without intravenous contrast. Multiplanar reformatting was performed. Automated exposure control, adjustment of the mA and/or kV according to patient size, and use of iterative reconstruction technique was utilized.
FINDINGS:
Globes: No significant abnormality.
Orbital post septal fatty infiltration: None.
Sinuses: Clear.
Visualized portions of the brain: No significant abnormality.
Soft tissues: Normal.
Osseous structures: Intact.
IMPRESSION:
No acute abnormality.
This report electronically signed by:
Tad T Renvyle, MD
Date: [REDACTED] 2018 1:35 PM
CC: Fetter, Jeffrey MD
Dictated: [REDACTED] 2018 Posted: [REDACTED] 18 13:38:39 (Fri [REDACTED] 2018 13:41

RM4)

CT Spine - Cervical Observe DT: Fri [REDACTED] 2018 13:26,

CATHOLIC MEDICAL CENTER EMERGENCY ROOM

DOB: [REDACTED]
Wt/Ht: 104.3 Kg (est.) 170.18 cm.
MedRec: [REDACTED]
AcctNum: [REDACTED]

CT Spine – Cervical CATHOLIC MEDICAL CENTER
DEPARTMENT OF DIAGNOSTIC IMAGING

Pt Name: [REDACTED] Acct No: [REDACTED]
Date: [REDACTED] 2018 DOB: [REDACTED]
Location: Emergency Department
Ord Phys: Miller, Robin PAC
MR No: [REDACTED]
Report Status: Final

CT18-13838 Exam: CT Spine – Cervical

CT CERVICAL SPINE

INDICATION: neck pain.

COMPARISON: None.

TECHNIQUE: The study was performed without intravenous contrast. Multiplanar reformatting was performed. Automated exposure control, adjustment of the mA and/or kV according to patient size, and use of iterative reconstruction technique was utilized.

FINDINGS:

Cervical lordosis: Mild reversal likely postural..

Vertebrae: There is an incomplete C2 ring on the right side. The margins are smooth and corticated suggesting that this is either chronic or congenital. Im of low suspicion for fracture..

Disc spaces: Advanced degenerative disc disease at C6-C7..

Visualized base of the brain: Normal.

Visualized sinuses and mastoid air cells: Clear.

Upper chest: No significant abnormality.

Soft tissues: Unremarkable.

Other osseous structures: Unremarkable.

IMPRESSION:

No distinct evidence acute fracture. There is an incomplete C2 ring on the right which I suspect is chronic. If however patient has point tenderness at this location, acute injury cannot be completely excluded..

This report electronically signed by:

Tad T Renvyle, MD

Date: [REDACTED] 2018 1:47 PM

CC: Fetter, Jeffrey MD

Dictated: [REDACTED] 2018

Posted: [REDACTED] 18 13:51:02 . (Fri [REDACTED] 2018 13:52

RM4)

DOCTOR NOTES (Fri [REDACTED] 2018 14:23 RM4)

PATIENT STATUS: Patient has stabilized since arrival to emergency department.

PATIENT PLAN: The patient will be discharged, The patient will follow up with primary care physician, The patient is to continue present medications.

NOTES: Diagnostic impression: HEAD INJURY

The patient is a [REDACTED] male who is a prisoner at the NH State Prison. The patient sustained injuries s/p alleged assault that occurred on Wednesday. He is reporting headache, dizziness and mild confusion. He has had some left lateral neck pain. The patient has periorbital ecchymosis to the left eye. The eye

CATHOLIC MEDICAL CENTER EMERGENCY ROOM

DOB: [REDACTED]
Wt/Ht: 104.3 Kg (est.) 170.18 cm.
MedRec: [REDACTED]
AcctNum: [REDACTED]

itself is unaffected.

CT brain, C-spine and maxillofacial are unremarkable.

I have discussed all results with the patient as well as the infirmiry nurse.

Concussion precautions

The patient and I have discussed the diagnosis and risks, and we agree with discharging home to follow-up with their primary doctor and/or specialist. We also discussed returning to the Emergency Department immediately if new or worsening symptoms occur.

ED attending: Dr MacLean

*** Please note this report has been produced using speech recognition software and may contain errors related to that system including errors in grammar, punctuation, and spelling. It may also include errors in words and phrases . If there are any question or concerns please feel free to contact me for clarification.

ATTENDING (Mon [REDACTED] 2018 16:57 CM8)

ATTENDING: This patient was seen independently by the physician's assistant per scope of practice. I did not interview or examine this patient myself but was available for consultation as needed.

NURSING ASSESSMENT: HEADACHE (Fri [REDACTED] 2018 13:34 JA2)

CONSTITUTIONAL: History obtained from patient, Patient arrives ambulatory, Gait steady, Patient appears comfortable, Patient cooperative, alert. Oriented to person, place and time, Skin warm, Skin dry, Skin normal in color, Mucous membranes pink, moist. Patient is well-groomed, Patient complains of headache.

PAIN: aching pain, to the frontal region, to the left orbit, on a scale 0-10 patient rates pain as 7, Pain exacerbated by, palpation, pressure, Nothing has been tried to alleviate the pain.

HEADACHE: Associated with diplopia, Precipitating factors include fatigue, Notes: Pt. arrives after an assault in the prison 2 days ago stating positive LOC and now having double vision, nausea, and very sleepy. Pt. did not have any care received at the prison.

NURSING PROCEDURE: DISCHARGE NOTE (Fri [REDACTED] 2018 14:32 JA2)

DISCHARGE: Patient discharged in police custody, Patient departed ED at [REDACTED] 2018 14:45, ambulating without assistance, transported via police, accompanied by guard, Summary of Care printed, Discharge instructions given to patient, Simple or moderate discharge teaching performed, Above person(s) verbalized understanding of discharge instructions and follow-up care, Patient treated and evaluated by physician.

ORDER DETAILS

Order Name	Status	Time	User
CT.BRAIN WITHOUT CONTRAST	Done	13:23 [REDACTED] 2018	System
- Ordered for: Miller, PAC, Robin			
- Entered by: Miller, PAC, Robin - Fri [REDACTED] 2018 12:47			
- Quantity: 1			

CATHOLIC MEDICAL CENTER EMERGENCY ROOM

DOB: [REDACTED]
Wt/Ht: 104.3 Kg (est.) 170.18 cm.
MedRec: [REDACTED]
AcctNum: [REDACTED]

CT.MAXILLOFACIAL/TRAUMA W/O CONTRAST	Done	13:38 [REDACTED] 2018	System
- Ordered for: Miller, PAC, Robin			
- Entered by: Miller, PAC, Robin - Fri [REDACTED] 2018 12:47			
- Quantity: 1			
CT.SPINE-CERVICAL WITHOUT CONTRAST	Done	13:51 [REDACTED] 2018	System
- Ordered for: Miller, PAC, Robin			
- Entered by: Miller, PAC, Robin - Fri [REDACTED] 2018 12:47			
- Quantity: 1			

ORDERS (Fri [REDACTED] 2018 12:47 RM4)

CT.BRAIN WITHOUT CONTRAST: Ordered for: Miller, PAC, Robin

Status: Done by: System - Fri [REDACTED] 2018 13:23.

CT.MAXILLOFACIAL/TRAUMA W/O CONTRAST: Ordered for: Miller, PAC, Robin

Status: Done by: System - Fri [REDACTED] 2018 13:38.

CT.SPINE-CERVICAL WITHOUT CONTRAST: Ordered for: Miller, PAC, Robin

Status: Done by: System - Fri [REDACTED] 2018 13:51.

INSTRUCTION (Fri [REDACTED] 2018 13:56 RM4)

DISCHARGE: CONCUSSION AND BRAIN INJURY.

SPECIAL: Continue YOUR USUAL medications as prescribed.

Return to the Emergency Dept IMMEDIATELY for any worsening symptoms or new concerns.

Follow up with your PCP in TWO days for recheck of your symptoms and for continued medical care.

YOU WERE TREATED TODAY BY ROBIN MILLER, PA-C.

DISPOSITION

PATIENT: Disposition Type: DC from ED, Disposition: *Routine

Discharge ED, Condition: Stable. (Fri [REDACTED] 2018 13:59 RM4)

Patient left the department. (Fri [REDACTED] 2018 14:46 JA2)

Disposition: *Discharge To Court/Law Enforcement. (Wed [REDACTED] 2018

07:10 LO2)

ADMIN

DIGITAL SIGNATURE: Miller, PAC, Robin. (Fri [REDACTED] 2018 16:30

RM4)

Macleane, MD, Craig. (Mon [REDACTED] 2018 16:58 CM8)

Jones, RN, Sarah. (Sun Sep 16, 2018 10:30 SJJ)

EVENTS

ATTENDING: Miller, PAC, Robin saw the patient on Fri [REDACTED] 2018

12:42. (Fri [REDACTED] 2018 12:42 RM4)

TRANSFER: Triage to Emergency WaitRmED. (Fri [REDACTED] 2018 12:18

CC2)

Emergency WaitRmED to MainED 14. (Fri [REDACTED] 2018 12:20 SJJ)

Removed from Emergency MainED 14. (Fri [REDACTED] 2018 14:46 JA2)

Key:

BB6=Bifsha, RN, Brigid CC2=Champagne, RP, Cassandra CM8=Macleane, MD, Craig JA2=Anderson, RN, Jennifer
LO2=Oczykowski, CODER, Lillian RM4=Miller, PAC, Robin SJJ=Jones, RN, Sarah

Catholic Medical Center
100 McGregor Street
Manchester, NH 03102
Patient Results

Emergency Department

M

MacLean, Craig A

DSC

2018-13:26

CT Spine Cervical

1 or more Final Results Received

PACS Camera Pointer

Final

CT Spine Cervical

Final

Final Report

CATHOLIC MEDICAL CENTER

DEPARTMENT OF DIAGNOSTIC IMAGING

Pt Name:

Acct No:

Date:

2018

DOB:

M

Location: Emergency Department

Ord Phys: Miller, Robin PAC

MR No:

Report Status: Final

CT18-13838 Exam: CT Spine - Cervical

CT CERVICAL SPINE

INDICATION: neck pain.

COMPARISON: None.

TECHNIQUE: The study was performed without intravenous contrast. Multiplanar reformatting was performed. Automated exposure control, adjustment of the mA and/or kV according to patient size, and use of iterative reconstruction technique was utilized.

FINDINGS:

Cervical lordosis: Mild reversal likely postural..

Vertebrae: There is an incomplete C2 ring on the right side. The margins are smooth and corticated suggesting that this is either chronic or congenital. I'm of low suspicion for fracture..

Disc spaces: Advanced degenerative disc disease at C6-C7..

Visualized base of the brain: Normal.

Visualized sinuses and mastoid air cells: Clear.

Upper chest: No significant abnormality.

Soft tissues: Unremarkable.

Other osseous structures: Unremarkable.

Lordosis: Curving forward.↳ (1) Abnormal curvature of the spine forward.Cervical = 7 vertebrae of the neck.Postural:Of, relating to or involving "posture"

Catholic Medical Center
100 McGregor Street
Manchester, NH 03102

Patient Results

Emergency Department

M

MacLean, Craig A

DSC

2018-13:26

CT Spine Cervical

1 or more Final Results Received

IMPRESSION:

No distinct evidence acute fracture. There is an incomplete C2 ring on the right which I suspect is chronic. If however patient has point tenderness at this location, acute injury cannot be completely excluded..

This report electronically signed by:

Tad T Renvyle, MD

Date: 2018 1:47 PM

CC: Fetter, Jeffrey MD

Dictated: 2018

Posted: 18 13:51:02

Catholic Medical Center
100 McGregor Street
Manchester, NH 03102
Patient Results

Emergency Department

M

MacLean, Craig A

DSC

2018-13-22

CT Maxillofacial

For more Final Results Received

PACS Camera Pointer

Final

CT Maxillofacial

Final

Final Report

CATHOLIC MEDICAL CENTER

DEPARTMENT OF DIAGNOSTIC IMAGING

Pt Name:

Acct No:

Date:

2018

DOB:

M

Location: Emergency Department

Ord Phys: Miller, Robin PAC

MR No:

Report Status: Final

CT18-13837 Exam: CT Maxillofacial

CT SCAN OF THE FACE

INDICATION: alleged assault, pain, left eye pain.

COMPARISON: None.

TECHNIQUE: The study was performed without intravenous contrast. Multiplanar reformatting was performed. Automated exposure control, adjustment of the mA and/or kV according to patient size, and use of iterative reconstruction technique was utilized.

FINDINGS:

Globes: No significant abnormality.

Orbital post septal fatty infiltration: None.

Sinuses: Clear.

Visualized portions of the brain: No significant abnormality.

Soft tissues: Normal.

Osseous structures: Intact.

IMPRESSION:

No acute abnormality.

Catholic Medical Center
100 McGregor Street
Manchester, NH 03102
Patient Results

Emergency Department

M

MacLean, Craig A

DSC

2018-13-18

CT Brain

1 or more Final Results Received

PACS Camera Pointer

Final

CT Brain

Final

Final Report

CATHOLIC MEDICAL CENTER

DEPARTMENT OF DIAGNOSTIC IMAGING

Pt Name:

Acct No:

Date: 2018

DOB:

M

Location: Emergency Department

Ord Phys: Miller, Robin PAC

MR No:

Report Status: Final

CT18-13836 Exam: CT Brain

CT SCAN OF THE BRAIN

INDICATION: vomiting, headache, head injury.

COMPARISON: None.

TECHNIQUE: The study was performed without intravenous contrast. Multiplanar reformatting was performed. Automated exposure control, adjustment of the mA and/or kV according to patient size, and use of iterative reconstruction technique was utilized.

FINDINGS:

Intracranial hemorrhage: None.

Cerebral and cerebellar parenchyma: Within normal limits for age. There is no evidence for an acute territorial infarction, focal mass lesion, or shift of the midline structures.

Ventricles and extra-axial CSF spaces: Within normal limits for age and without hydrocephalus.

Midline structures (cerebellar tonsils, vermis, corpus callosum, and pituitary): Within normal limits.

Paranasal sinuses and mastoid air cells: Clear.

Visualized orbits: Normal.

Soft tissues: Normal.

Requested By: Lavoie, Ruth (Health Info Tech)

Printed from: MR Discharge Analysis

09-18-2018 09:05

Page: 1 of 2

Catholic Medical Center
100 McGregor Street
Manchester, NH 03102

Patient Results

Emergency Department

M

MacLean, Craig A

DSC

2018 13:18

CT Brain

1 or more Final Results Received

Skull base and calvarium: Intact.

IMPRESSION:

No acute intracranial process.

This report electronically signed by:

David S Gerson MD

Date: 2018 1:20 PM

CC: Fetter, Jeffrey MD

Dictated: 2018

Posted: 18 13:23:19

Catholic Medical Center
100 McGregor Street
Manchester, NH 03102
Patient Results

Emergency Department

M

MacLean, Craig A

DSC

2018/13/22

CT Maxillofacial

1 or more Final Results Received

This report electronically signed by:

Tad T Renvyle, MD

Date: 2018 1:35 PM

CC: Fetter, Jeffrey MD

Dictated: 2018

Posted: 18 13:38:39

**Catholic Medical Center
EMERGENCY FLOW SHEET RECORD**

Name: [REDACTED] Age: [REDACTED] MR: [REDACTED] Acct: [REDACTED]

VITAL SIGNS	CC2
TIME	2018 12:15
BP	145/85 (Machine)
PULSE	64
RESP	16
TEMP	98.4 (Oral)
PAIN	7
O2 SAT	98 on Room Air

Name: [REDACTED] Age: [REDACTED] MR: [REDACTED] Acct: [REDACTED]
Prepared: Tue Sep 18, 2018 09:04:26 by RHL Page: 1

United States District Court

District of New Hampshire

* Clerk of Court *

55 Pleasant Street, Rm 110

CONcord, New Hampshire 03301

July 11, 2021

RE: Civil Complaint Filed by:

[REDACTED] v. Commissioner
of Department of Corrections, et al

Dear Clerk of Court,

Please find enclosed my Timely filed Civil Rights Complaint pursuant to USCS § 1983 for filing with this Honorable Court. I have also provided a Index showing the additional, accompanying motions to include:

1. motion to proceed in forma pauperis
2. motion to waive service
3. preliminary motion for injunctive relief And motion for permanent injunction
4. motion to appoint Counsel
5. motion to seal.

please know that i am in the process of preparing a motion for supplement of list of Facts to Civil Rights Complaint (with exhibits) which i will forward soon.

SPECIAL NOTE: Because this complaint and its contents are sensitive in nature

And with much more sensitive information forthwith this information and complaint (all) is the only copy. I will request a copy later, if needed or if Attorney is appointed. Thank you.

Thank you very much for your assistance with this matter.

Sincerely,

[REDACTED]
[REDACTED]
NCF BORTH
138 Main Rd.
Berlin NH 03570

My correct address, at this
time is:



NCF - Berlin
138 EAST MILAN ROAD
Berlin, New Hampshire
03570

Please send me the Dkt no to

this case when docketed.

Thank you.

INDEX

1. Civil Rights Complaint pursuant to USCS § 1983

2. motion to proceed in forma pauperis

3. motion to waive service

4. preliminary motion for Injunctive Relief And motion
for permanent Injunction.

5. motion to appoint counsel

6. motion to set

NCF - Beelin

3 Semiland Road

Beelin, New Hampshire

03570

United States District Court

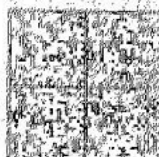
District of New Hampshire

Clerk of Court

55 Pleasant Street, Room 110

Concord, New Hampshire

03301



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